IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: Michael A. Thompson and Amber Thompson,	: Bankruptcy No. 22-10333-JCM
Debtors Michael A. Thompson and	: Chapter 13
Amber Thompson, Movants	: Related to Document No.
V.	
No Respondents	÷
AME	NDMENT COVER SHEET
Amendment(s) to the following petition,	list(s), schedule(s), or statement(s) are transmitted herewith
Voluntary Petition - Specify reaso	on for amendment:
Official Form 6 Schedules (Itemis Summary of Schedules Schedule A - Real Property Schedule B - Personal Property Schedule C - Property Claimed as Schedule D - Creditors holding S Creditor(s) adde NO creditor(s) a Creditor(s) delet Schedule E - Creditors Holding U Check one: Creditor(s) adde NO creditor(s) a Creditor(s) delet Schedule F - Creditors Holding U Check one: Creditor(s) delet Schedule F - Creditors Holding U Check one: Creditor(s) delet Creditor(s) adde NO creditor(s) adde NO creditor(s) adde Creditor(s) delet Creditor(s) delet	ecured Claims Check one: ad added ted Unsecured Priority Claims ad added ted Unsecured Nonpriority Claims
Schedule G - Executory Contract Check one: Creditor(s) adde NO creditor(s) a Creditor(s) delet	s and Unexpired Leases ed
Schedule H - Codebtors X Schedule I-Amended to reflect De	ebtors pay raises and loss of rental income.
X Schedule J- Amended to reflect the X Schedule J- Amended to reflect in	- ·
Statement of Financial Affairs	CT
Chapter 7 Individual Debtor's Sta	stement at Intention

Case 22-10333-JCM Doc 87 Filed 03/04/24 Entered 03/04/24 14:21:10 Desc Main Document Page 2 of 6

Chapter 11 List of Creditors He	Chapter 11 List of Equity Security Holders Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims Disclosure of Compensation of Attorney for Debtor Other				
Date: March 4, 2024	/s/ Lauren M. Lamb Lauren M. Lamb, Esquire Attorney for the Debtors STEIDL & STEINBERG, P.C. Suite 2830 - Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 391-8000 P.A.I.D. No. 209201 llamb@steidl-steinberg.com				

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this information	n to identify your case:	
Debtor 1	Michael A. Thompson	
Debtor 2 (Spouse, if filing)	Amber Thompson	
United States Bankri	uptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	
Case number 2	2-10333	Check if this is:
(If known)		■ An amended filing
Official Forr	n 106l	A supplement showing postpetition chapter 13 income as of the following date: 3/04/2024 MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	or 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ En	nployed	■ Employed
	attach a separate page with information about additional	Employment status	□ No	t employed	☐ Not employed
	employers.	Occupation	Syste	ems Coordinator	Manager
	Include part-time, seasonal, or self-employed work.	'		Henry and Associates	Alliance for Behavioral and
	Occupation may include student or homemaker, if it applies.	Employer's address	s 663 W. Highway 60 PO Box 807 Monett, MO 65708-8215		Developmental Disabilities, LTD 3856 E. State Street Hermitage, PA 16148
		How long employed to	nere?	9 months	7 years
Do	et 2: Give Details About Mor	thly Income			

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Deptor 1		filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	6,125.00	\$	3,946.16
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$_	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	6,125.00	\$_	3,946.16

Schedule I: Your Income Official Form 106I page 1

Deb Deb	tor 1 tor 2	Michael A. Thompson Amber Thompson	_		Cas	e number (if known)	22	-10333		
					Fo	or Debtor 1		or Debtor 2 on-filing sp		
	Cop	y line 4 here	4.		\$	6,125.00	\$		46.16	
5.	List	all payroll deductions:								
٠.	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	956.91	\$	7	42.45	
	5b.	Mandatory contributions for retirement plans	5k		\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$	120.50	\$	2	00.00	
	5d.	Required repayments of retirement fund loans	50		\$	0.00	\$		0.00	
	5e.	Insurance	56	Э.	\$	424.06	\$	-	79.13	
	5f.	Domestic support obligations	5f		\$	0.00	\$		0.00	
	5g.	Union dues	50	g.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify: Supplemental Life	5h	า.+	\$	5.84	+ \$		0.00	
		Supplemental AD&D			\$	1.76	\$		0.00	
		Supplemental Spouse	_		\$	0.80	\$		0.00	
		Supplemental Children	_		\$	0.76	\$		0.00	
		Supplemental Child AD&D	_		\$	0.30	\$ \$		0.00	
		Voluntary Life				0.00			5.42	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,510.93	\$		27.00	
7. 8.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,614.07	\$	2,9	19.16	
9.	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	86 86 86 86	o. d. e. j. n.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00 0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,614.07 + \$	2	2,919.16	\$	7,533.23
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep			•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	7,533.23
13.	Do ; ■	you expect an increase or decrease within the year after you file this form No. Yes Explain:	?							income

Fill in this infor	mation to identify your case:			
Debtor 1	mation to identify your case:		heck if this is:	
Debior 1	Michael A. Thompson		An amended filing	
Debtor 2	Amber Thompson		·	ving postpetition chapter
(Spouse, if filing)			13 expenses as of	the following date:
United States Ba	nkruptcy Court for the: WESTERN DISTRICT OF PENNS	SYLVANIA	3/04/2024 MM / DD / YYYY	
Case number (If known)	22-10333			
Official F	Form 106J	_		
Schedu	le J: Your Expenses			12/
Be as compleinformation. If	te and accurate as possible. If two married people ar f more space is needed, attach another sheet to this own). Answer every question.			
	scribe Your Household			
-	oint case?			
□ No. Go	o to line 2.			
	•			
	No Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Household of D	ebtor 2.	
2. Do you h	ave dependents? ☐ No			
Do not list Debtor 2.	t Debtor 1 and ■ Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not sta			_	□ No
depender	its names.	Daughter		■ Yes
		Daughter	6	□ No ■ Yes
		Daughter		■ Yes □ No
				☐ Yes
				□ No
2 Do your	avenance include —			☐ Yes
expenses	expenses include s of people other than and your dependents?			
Part 2: Est	imate Your Ongoing Monthly Expenses			
Estimate your	expenses as of your bankruptcy filing date unless y of a date after the bankruptcy is filed. If this is a supp			
Include expen	ses paid for with non-cash government assistance i	f vou know		
	uch assistance and have included it on Schedule I:)		Your exp	enses
	al or home ownership expenses for your residence. It and any rent for the ground or lot.	nclude first mortgage 4.	. \$	0.00
If not inc	luded in line 4:			
4a. Rea	al estate taxes	40	. \$	0.00
	perty, homeowner's, or renter's insurance		. \$. \$	0.00 0.00
	me maintenance, repair, and upkeep expenses		. \$	75.00

4d. \$

5. \$

0.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

	otor 1 Michael A. Thompson otor 2 Amber Thompson	Case nun	nber (if known)	22-10333
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	328.00
	6b. Water, sewer, garbage collection	6b.	\$	253.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	386.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	1,500.00
8.	Childcare and children's education costs	8.	\$	1,920.00
9.	Clothing, laundry, and dry cleaning	9.	\$	200.00
10.	Personal care products and services	10.	\$	200.00
11.	Medical and dental expenses	11.	\$	70.00
12.	Transportation. Include gas, maintenance, bus or train fare.	40	Φ.	400.00
	Do not include car payments.	12.		480.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.		100.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	
	15a. Life insurance	15a.	·	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.	·	90.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:	47-	ф	0.00
	17a. Car payments for Vehicle 1	17a.		0.00
	17b. Car payments for Vehicle 2	17b.		0.00
	17c. Other Specify:	17c.	·	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not repo		\$	0.00
10	deducted from your pay on line 5, Schedule I, Your Income (Official Form 1)	061).	\$	
19.	. , , , , , , , , , , , , , , , , , , ,	19.	Φ	0.00
20	Specify: Other real property expenses not included in lines 4 or 5 of this form or on		our Incomo	
20.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		
	20e. Homeowner's association or condominium dues	20d. 20e.		0.00
04			φ +\$	0.00
21.	Other: Specify: Pet care		+\$	30.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	5,632.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	SJ-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,632.00
	220. Add line 22d and 22b. The result is your monthly expenses.		Ψ	3,632.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,533.23
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,632.00
	23c. Subtract your monthly expenses from your monthly income.	220	\$	1,901.23
	The result is your <i>monthly net income</i> .	23c.	Ψ	1,301.23
24.	For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage? No.			ease or decrease because of a
	Yes. Explain here:			